



## Complete Summary

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### TITLE

Home health care: percentage of patients who need urgent, unplanned medical care.

### SOURCE(S)

Crisler KS, Hittle DF, Conway KS, West LR, Shaughnessy PW, Richard AA, Powell MC, Lawlor KL, Donelan-McCall NS, Beaudry JM, Baillie LL, Schlenker RE, Engle K. OASIS and outcome-based quality improvement in home health care: research and demonstration findings, policy implications, and considerations for future change. Vol. 3, Research and clinical supporting documents [9 supporting documents]. Denver (CO): Center for Health Services Research, University of Colorado Health Sciences Center; 2002 Feb 1.

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Home health compare - data details. [internet]. Baltimore (MD): Centers for Medicare & Medicaid Services (CMS); [updated 2004 Sep 16]; [cited 2004 Sep 29]. [10 p].

Shaughnessy PW, Crisler KS, Hittle DF, Schlenker RE, Conway KS, West LR, Powell MC, Richard AA. OASIS and outcome-based quality improvement in home health care: research and demonstration findings, policy implications, and considerations for future change. Vol. 1, Policy and program overview. Denver (CO): Center for Health Services Research, University of Colorado Health Sciences Center; 2002 Feb 1.

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## Brief Abstract

### DESCRIPTION

This measure assesses the percentage of home health care patients who receive urgent, unplanned medical care.

The measure identifies whether patients received unscheduled visits to any (emergent) medical services other than home care agency services. Emergent care includes all unscheduled visits to such medical services.

## RATIONALE

Patients may need to have urgent, unplanned medical care while they are getting home health care because of a sudden downturn in their health or because of an injury. They may need to make an urgent trip to the doctor or emergency room, or a doctor may have to make an urgent house call.

In some instances, the need for unplanned urgent care may not be avoidable even with good home health care. A home health care provider may refer a patient to emergency care when this is the best way to treat the patient's current condition. However, some emergency care may be avoided if the home health clinical staff is doing a good job at checking patients' health condition to detect problems early, including monitoring nutritional status, taking their medicines correctly, and home safety. Home health staff must coordinate their care. This involves communicating regularly with them, their informal caregivers, their doctors, and anyone else who provides care for them.

This measure is one of eleven Home Health Quality Initiative measures. These quality measures are a resource to help consumers compare home health agencies, and they are intended to motivate home health agencies to improve care and to inform discussions about quality between consumers and clinicians.

## PRIMARY CLINICAL COMPONENT

Home health care; urgent medical care

## DENOMINATOR DESCRIPTION

Patients with a completed home health episode of care

## NUMERATOR DESCRIPTION

Patients from the denominator who receive urgent, unplanned medical care

## Evidence Supporting the Measure

## PRIMARY MEASURE DOMAIN

Outcome

## SECONDARY MEASURE DOMAIN

Not applicable

## EVIDENCE SUPPORTING THE MEASURE

A formal consensus procedure involving experts in relevant clinical, methodological, and organizational sciences  
One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

### Evidence Supporting Need for the Measure

## NEED FOR THE MEASURE

Use of this measure to improve performance  
Wide variation in quality for the performance measured

## EVIDENCE SUPPORTING NEED FOR THE MEASURE

Home health compare. [Web site]. Baltimore (MD): Centers for Medicare & Medicaid Services (CMS); [updated 2004 Sep 16]; [cited 2004 Sep 29]. [various].

### State of Use of the Measure

## STATE OF USE

Current routine use

## CURRENT USE

Accreditation  
Decision-making by consumers about health plan/provider choice  
External oversight/Medicaid  
External oversight/Medicare  
Internal quality improvement  
National health care quality reporting  
Quality of care research

### Application of Measure in its Current Use

## CARE SETTING

Home Care

## PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Measure is not provider specific

## LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Single Health Care Delivery Organizations

## TARGET POPULATION AGE

Age greater than or equal to 18 years

## TARGET POPULATION GENDER

Either male or female

## STRATIFICATION BY VULNERABLE POPULATIONS

Frail elderly

### Characteristics of the Primary Clinical Component

## INCIDENCE/PREVALENCE

In 2001, about 2.4 million elderly and disabled Americans received care from nearly 7,000 Medicare certified home health agencies.

## EVIDENCE FOR INCIDENCE/PREVALENCE

2003 data compendium. [internet]. Baltimore (MD): Centers for Medicare & Medicaid Services; 2003 [cited 2004 Nov 24]. [5 p].

Medicare use of selected types of long-term care. [internet]. Baltimore (MD): Centers for Medicare & Medicaid Services; 2003 Nov [cited 2004 Nov 24]. [1 p].

Other Medicare providers and suppliers. [internet]. Baltimore (MD): Centers for Medicare & Medicaid Services; 2003 Nov [cited 2004 Nov 24]. [1 p].

## ASSOCIATION WITH VULNERABLE POPULATIONS

Many home health care patients are frail elders with chronic health conditions, functional disabilities, or cognitive impairments. Such patient characteristics are included in the statistical models used to risk adjust home health agency outcome rates for differences in the types of patients served. In addition, the capability exists to derive outcome rates separately for vulnerable populations for comparison with outcome rates for other population groups.

## EVIDENCE FOR ASSOCIATION WITH VULNERABLE POPULATIONS

Center for Health Services Research, UCHSC. Documentation of prediction models used for risk adjustment of home health agency outcomes reported on the CMS Home Health Compare Web site. Denver (CO): Center for Health Services Research, UCHSC; 2003. 29 p.

Shaughnessy PW, Crisler KS, Hittle DF, Schlenker RE, Conway KS, West LR, Powell MC, Richard AA. OASIS and outcome-based quality improvement in home health care: research and demonstration findings, policy implications, and considerations for future change. Vol. 1, Policy and program overview. Denver

(CO): Center for Health Services Research, University of Colorado Health Sciences Center; 2002 Feb 1.

Shaughnessy PW, Hittle DF. Overview of risk adjustment and outcome measures for home health agency OBQI reports: highlights of current approaches and outline of planned enhancements. Denver (CO): Center for Health Services Research, University of Colorado Health Sciences Center; 2002 Sep. 22 p. [28 references]

## BURDEN OF ILLNESS

Unspecified

## UTILIZATION

Unspecified

## COSTS

Unspecified

# Institute of Medicine National Healthcare Quality Report Categories

## IOM CARE NEED

Getting Better  
Living with Illness

## IOM DOMAIN

Effectiveness

# Data Collection for the Measure

## CASE FINDING

Users of care only

## DESCRIPTION OF CASE FINDING

All adult, non-maternity skilled care patients admitted to Medicare-certified home health agencies

## DENOMINATOR SAMPLING FRAME

Patients associated with provider

## DENOMINATOR (INDEX) EVENT

Therapeutic Intervention

#### DENOMINATOR INCLUSIONS/EXCLUSIONS

##### Inclusions

Patients with a completed home health episode of care

##### Exclusions

Data collected about patients serviced by a Medicaid-only certified agency, whose care is paid for entirely by sources other than Medicare or Medicaid, those under the age of 18, those receiving maternity services only, and those receiving only personal care/supportive services are not submitted to the federal government, therefore these types of patients are excluded from this measure. Patients whose status at start of care indicates a nonresponsive level of consciousness or whose episode of home health care ends with death are excluded. Patients who have not yet been discharged or transferred to an inpatient facility (incomplete episode of care) are excluded.

#### NUMERATOR INCLUSIONS/EXCLUSIONS

##### Inclusions

Patients from the denominator who receive urgent, unplanned medical care

##### Exclusions

Patients from the denominator who do not receive urgent, unplanned medical care

#### DENOMINATOR TIME WINDOW

Time window precedes index event

#### NUMERATOR TIME WINDOW

Encounter or point in time

#### DATA SOURCE

Special or unique data

#### LEVEL OF DETERMINATION OF QUALITY

Not Individual Case

#### OUTCOME TYPE

Proxy for Outcome

#### PRE-EXISTING INSTRUMENT USED

The Outcome and Assessment Information Set (OASIS) for Home Care

## Computation of the Measure

### SCORING

Rate

### INTERPRETATION OF SCORE

Better quality is associated with a lower score

### ALLOWANCE FOR PATIENT FACTORS

Case-mix adjustment

Risk adjustment method widely or commercially available

### DESCRIPTION OF ALLOWANCE FOR PATIENT FACTORS

To reduce the chance that a home health agency that serves sicker, older, or more frail patients looks worse in the quality measures, the quality measures are risk adjusted. Percentages are adjusted using predicted rates for each agency based on patient characteristics at admission to home health care. For a detailed explanation of risk adjustment please visit [Overview of Risk Adjustment and Outcome Measures for Home Health Agency OBQI Reports: Highlights of Current Approaches and Outline of Planned Enhancements](#).

### STANDARD OF COMPARISON

External comparison at a point in time

Internal time comparison

## Evaluation of Measure Properties

### EXTENT OF MEASURE TESTING

Measure is based on the best research currently available, including testing in a national quality improvement demonstration. For more information, refer to OASIS and Outcome-based Quality Improvement in Home Health Care: Research and Demonstration Findings, Policy Implications, and Considerations for Future Change. Volume 4, OASIS Chronicle and Recommendations.

### EVIDENCE FOR RELIABILITY/VALIDITY TESTING

Hittle DF, Crisler KS, Beaudry JM, Conway KS, Shaughnessy PW, West LR, Richard AA. OASIS and outcome-based quality improvement in home health care: research and demonstration findings, policy implications, and considerations for future change. Vol. 4, OASIS chronicle and recommendations. Denver (CO): Center for Health Services Research, University of Colorado Health Sciences Center; 2002 Feb 1.

Hittle DF, Shaughnessy PW, Crisler KS, Powell MC, Richard AA, Conway KS, Stearns PM, Engle K. A study of reliability and burden of home health assessment using OASIS. Home Health Care Serv Q 2003;22(4): 43-63. [PubMed](#)

Madigan EA, Fortinsky RH. Interrater reliability of the outcomes and assessment information set: results from the field. Gerontologist 2004 Oct;44(5):689-92. [PubMed](#)

## Identifying Information

### ORIGINAL TITLE

Any emergent care provided.

### MEASURE COLLECTION

[Outcome and Assessment Information Set \(OASIS\)](#)

### MEASURE SET NAME

[Home Health Quality Initiative Measures](#)

### SUBMITTER

Centers for Medicare and Medicaid Services

### DEVELOPER

Center for Health Services Research, University of Colorado, under contract to Centers for Medicare and Medicaid Services

### ENDORSER

National Quality Forum

### ADAPTATION

Measure was not adapted from another source.

### RELEASE DATE

2002 Dec

### MEASURE STATUS

This is the current release of the measure.

### SOURCE(S)



Crisler KS, Hittle DF, Conway KS, West LR, Shaughnessy PW, Richard AA, Powell MC, Lawlor KL, Donelan-McCall NS, Beaudry JM, Baillie LL, Schlenker RE, Engle K. OASIS and outcome-based quality improvement in home health care: research and demonstration findings, policy implications, and considerations for future change. Vol. 3, Research and clinical supporting documents [9 supporting documents]. Denver (CO): Center for Health Services Research, University of Colorado Health Sciences Center; 2002 Feb 1.

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## MEASURE AVAILABILITY

The individual measure, "Any Emergent Care Provided," is published in "OASIS and Outcome-Based Quality Improvement in Home Health Care: Research and Demonstration Findings, Policy Implications, and Considerations for Future Change. Volumes 1-4." These documents are available in Portable Document Format (PDF) from the [Centers for Medicare & Medicaid Services \(CMS\) Web site](#).

## COMPANION DOCUMENTS

The following are available:

- Shaughnessy PW, Hittle DF. Overview of risk adjustment and outcome measures for home health agency OBQI reports: highlights of current approaches and outline of planned enhancements. Denver (CO): Center for Health Services Research, University of Colorado Health Sciences Center;

- 2002 Sep. 22 p. This document is available in Portable Document Format (PDF) from the [Centers for Medicare & Medicaid Services \(CMS\) Web site](#).
- Home health compare. [Web site]. Baltimore (MD): Centers for Medicare & Medicaid Services (CMS); [updated 2004 Sep 16]; [cited 2004 Sep 29]. [various]. Available at [www.medicare.gov/HHCompare](http://www.medicare.gov/HHCompare).
  - Outcome and Assessment Information Set (OASIS) implementation manual: implementing OASIS at a Home Health Agency to improve patient outcomes. Baltimore (MD): Centers for Medicare & Medicaid Services; 2002 Dec [revised]. This document is available from the [CMS Web site](#).

## NQMC STATUS

This NQMC summary was completed by ECRI on October 5, 2004. The information was verified by the measure developer on December 17, 2004.

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Date Modified: 3/21/2005

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